

Behavioral Health Advisory Council of Virginia

Background Information and Application Instructions

The Council is a federally mandated organization of up to forty (40) voting members governed by a set of Bylaws. It works closely with the Virginia Department of Behavioral Health and Developmental Services (DBHDS). The Council's Mission and Objectives are articulated on the Home Page of its web site, www.dbhds.virginia.gov/BHAC.

The Council meets six (6) times each year: in February, April, June, August, October and December. Meetings take place in Richmond. Members are expected to attend all meetings and serve actively on at least one of the Standing Committees: Executive, Bylaws and Policy, Membership and Training, Finance, Nominations, Adult Services, Elder Services, and Child and Adolescent Services.

Members of the Council are selected in six different ways.

1. Nine (9) members are representatives of state agencies.
2. Five (5) members are representatives of mental health and substance abuse service providers.
3. Seven (7) members are the representatives of major mental health and substance abuse advocacy organizations.
4. Nine (9) members are adults with substance abuse issues and/or serious mental illness (SMI) who receive, or have received, substance abuse or mental health services. In this category, one individual must be under 25 years of age, and one must be over 65 years of age.
5. Five (5) members are family members who have children/youths suffering serious emotional disturbance (SED) and/or substance abuse issues.
6. Five (5) members are either members of families who have adults with SMI or substance abuse problems, advocates, and/or other interested persons.

In addition, there are non-voting memberships.

1. A designee from DBHDS serves as a liaison between DBHDS and the Council.
2. An agent contracted by DBHDS serves as a fiscal agent and provides administrative support to the Council.
3. Auxiliary memberships are available to create a pool of talent for special projects.

Any interested individual may seek appointment to the Council under membership categories 4, 5, and 6, as cited above, or as an auxiliary member by completing the formal membership application that follows below. When completed, the membership application should be forwarded by mail, fax, or electronically to the Chairman of the Membership Committee. The specific name and address are cited on the membership application. The Chairman will review the application and, with the advice of the Committee, provide the applicant with a letter of acknowledgement providing information on the Council review and formal approval process. This may include asking the applicant to appear at a Council meeting. A draft example is attached.

Because membership positions on the Council are designated by category, the membership application form seeks information that will help to determine the type of membership category that might best fit the applicant. The following specialized definitions and information regarding SMI and SED should be carefully considered during the application process.

Serious Mental Illness (SMI)

SMI means a severe and persistent mental or emotional disorder that seriously impairs the functioning of adults, eighteen (18) years and older, in such primary aspects of daily living as personal relations, self-care skills, living arrangements, or employment. Individuals with SMI who also have been diagnosed as having a substance use disorder or mental retardation are included in this definition.

SMI is defined along three dimensions: diagnosis, level of disability, and duration of illness, and all three categories must be met to fulfill the criteria.

1. Diagnosis: an individual must have a major mental disorder diagnosed under the Diagnostic and Statistical Manual of Mental Disorders.
2. Level of Disability: There must be evidence of a severe and recurrent disability that results in functional limitations in major life activities, e.g., unemployment or possessing limited employment skills, a requirement for public financial assistance, difficulty in establishing/maintaining a personal social support system, a requirement for assistance in achieving basic living skills, the exhibition of inappropriate behavior that requires outside intervention by the mental health or judicial systems.
3. Duration of Illness: The individual is expected to require services of an extended duration, or the treatment history meets one of the following criteria: psychiatric treatment beyond outpatient care; or experience of an episode of supportive residential care, other than hospitalization, for a period sufficient to disrupt a normal living situation.

4. Serious Emotional Disturbance (SED)

SED means a serious mental health problem that affects a child, age birth through 17, and can be diagnosed under the Diagnostic and Statistical Manual of Mental Disorders or meets specific functional criteria. These include: problems in personality development and social functioning of more than one (1) year, problems that are significantly disabling based on the social functioning of most children of a similar age, problems that have become more disabling over time, and/or service needs that require significant intervention by more than one agency.

BHAC MEMBERSHIP APPLICATION FORM

Date of Preparation: _____

Name of Applicant: (Last) _____

(First) _____ (MI) _____

Mailing Address: _____

e-mail Addresses:
Home: _____

Work: _____

Home Telephone#: _____

Cell Phone #: _____

Work Telephone#: _____

How do you identify your interest in the Council? (Check all that apply.)

____ Person with serious mental illness and/or substance abuse issues

____ Family member of adult with a serious mental illness (SMI) and/or substance abuse issues

____ Parent of a child or youth with a serious emotional disturbance (SED) and/or substance issue.

____ Advocate

____ Mental Health Professional

____ Other interested person

Which of the above is your primary identification? _____

Are you a State employee?

Yes _____ No _____

If Yes, what agency? _____

If you are a mental health professional, please describe the nature of your professional work and the population, public or private, that you serve.

Are you a member of any mental health or substance abuse related advocacy or support groups?

Yes _____

No _____

If yes, what organizations/support groups?

What role (s) have you filled in these organizations?

Why are you interested in being a member of the BHAC?

What special experience, skills and abilities do you bring to the BHAC?

____ Budgeting/fiscal

____ Media

____ Legislative/public policy

____ Legal

____ Other _____

Is there additional information you would like to provide that would help us evaluate your application for membership?

We seek to have diversity in our BHAC membership. To do this we need to know with which of the following racial/ethnic groups you identify.

____ White/Caucasian

____ Native Hawaiian/Pacific Islander

____ Asian

____ Native American/Alaskan Native

____ Black/African American

____ Hispanic or Latino

____ Other (describe) _____

Mail to:

BHAC New Membership Applications
c/o MHAV
3212 Cutshaw Avenue
Suite 315
Richmond, Virginia 23230

Alternatively, it may be sent by Fax to:

Behavioral Health Advisory Council of Virginia
FAX Number: (804) 257-5593

In office use only

Date received: _____

Date sent to Secretary: _____